

2002 UNIFORM BUSINESS REPORT (UBR)

#437.50 + 88.75 = 526.25

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DOCUMENT # **A23656**

1. Entity Name
HOBE ASSOCIATES, LTD.

FILED

02 MAR 22 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**900 WEST 49TH STREET
SUITE 438
HIALEAH FL 33012**

Mailing Address
**8116 HIBISCUS CIRCLE
TAMARAC FL 33321**



2. Principal Place of Business
8116 HIBISCUS CIRCLE

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
TAMARAC FL

City & State

4. FEI Number
59-2480791

Applied For
Not Applicable

Zip
33321

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGOW, ARTHUR
8116 HIBISCUS CIRCLE
TAMARAC FL 33321**

Name
ROGOW, EILEEN G.

Street Address (P.O. Box Number is Not Acceptable)

8116 HIBISCUS CIRCLE

City
TAMARAC FL Zip Code
33321

8. The above named entity submits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Eileen G. Rogow*

3/13/02

Signature, typed or printed name of registered agent and date if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000029226**
NAME **ROYO INTERNATIONAL, INC.**
STREET ADDRESS **11411 U.S. HIGHWAY ONE**
CITY-ST-ZIP **HOBE SOUND FL**

STREET ADDRESS
CITY-ST-ZIP
900005180799--9

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Eileen G. Rogow*

3/13/02 (954)721-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE